

**West Earlham Infant and Nursery School**  
**Restrictive Physical Interventions Policy**

At West Earlham Infant and Nursery School we believe that pupils need to be safe, to know how to behave, and to know that the adults around them are able to manage them safely and confidently. Only for a very small minority of pupils will the use of physical intervention be needed. On such occasions, only acceptable forms of intervention are used.

The majority of pupils behave well and conform to the expectations of our school. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole school, each class, and individual pupils.

All school staff need to feel that they are able to manage inappropriate behaviour, and to have an understanding of what challenging behaviours might be communicating. They need to know what options are available for managing behaviour, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention. Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of a Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

**1. Objectives**

- a. Good personal and professional relationships between staff and children are vital to ensure a safe and secure ethos in our school.
- b. Everyone attending or working in this school has a right to:
  - recognition of their unique identity;
  - be treated with respect and dignity;
  - learn and work in a safe environment;
  - be protected from harm, violence, assault and acts of verbal abuse.
- c. It is recognised that the majority of children in our school respond positively to staff as described in the Behaviour for Living and Learning Well policy. It is however acknowledged that in exceptional circumstances, staff may need to take physical action in situations where the use of reasonable, proportionate and necessary force may be appropriate.

**2. Implications of the policy.**

- a. The Education and Inspections Act 2006 and DfE 2016 guidance stipulates that reasonable force may be used to prevent a child (including those from another school) from doing, or continuing to do any of the following:
  - injuring themselves
  - attacking a member of staff, another child or to stop a fight between two or more children
  - causing deliberate damage to property
  - causing injury or damage by accident, by rough play or by misuse of dangerous materials or objects
  - behaving in a way that seriously disrupts a lesson, impacting on other children's ability to learn or;
  - behaving in a way that seriously disrupts a school event or school visit
- b. The use of any form of physical control inevitably carries an attached risk of unintended harm and this places staff and the school at risk of potential litigation. It can only be justified according to the circumstances described above.
- c. Reasonable force can be used when conducting a search without consent for dangerous items, stolen goods or any article that could be used to commit an offence or cause harm. (pg40 Behaviour and discipline in schools. DfE Jan2016)

### **3. Using Force**

- a. No legal definition of “reasonable force” exists as it is a subjective term, however for the purpose of this policy and the implementation of it in West Earlham Infant and Nursery School:
  - Positive Handling uses the **minimum** degree of force necessary for the **shortest period of time** to prevent a child harming himself, herself, others or property.
  - The scale and nature of any physical intervention must be **proportionate** to both the behaviour of the individual, and the nature of the harm they might cause.
- b. Staff would be expected to follow the Norfolk Step On Training techniques in the first instance to manage an incident of challenging behaviour. If this was unsuccessful and the situation continues to escalate staff would then contact the Inclusion Team for support, who have higher level Steps training.
- c. If all this was unsuccessful and the situation continues to escalate, staff, as a duty of care would then be expected to use reasonable force within the context of the situation. This would be a last resort measure.

### **4. Minimising the Need to use Force**

- a. At West Earlham Infant and Nursery School we constantly strive to create a safe environment that minimises the risk of incidents arising that may require the use of force. The school curriculum and ethos promote independence, choice and inclusion and children are given maximum opportunity for personal growth and emotional wellbeing.
- b. Children who present on-going and continuous challenging behaviour will have an Inclusion Plan written for them. This is written in collaboration with the child, class team, family and Inclusion Team and is shared with families. Children’s Inclusion Plans are ‘Safe Systems of Work’ under Health and Safety Regulations. As such it is imperative that these plans are followed and implemented by all members of staff and therefore these are shared with all staff that work with the child. These should be reviewed and updated at least termly dependent on the needs of the child.
- c. All staff are trained to de-escalate situations and intervene early before behaviour becomes challenging and how to manage incidents should they arise. Staff are reminded of these in team meetings, via daily memo’s and reflective conversation and meetings with the Inclusion Team and/Senior Leadership Team.

***Reasonable force will only be used when the risks involved in doing so are outweighed by the risks involved in not using force.***

### **5. Staff Training and Authorised Staff**

- a. All staff whom the Head teacher has authorised to have control or charge of children by employing in a position in school, automatically have the statutory power to use reasonable force within the context of The Education and Inspections Act 2006. Teaching and non-teaching staff work ‘in loco parentis’ and have a ‘Duty of Care’ towards children. They could be liable for a claim of negligence if they fail to follow the guidance within this policy.
- b. Norfolk Local Authority and West Earlham Infant and Nursery School is committed to using Norfolk Steps. It is a training provider that is accredited through the British Institute of Learning Difficulties (BILD) and adheres to their Code of Practice on physical intervention.
- c. Training at differentiated levels will be available for **all** staff at West Earlham Infant and Nursery School. All staff will receive training in Managing Behaviour as part of their Induction Training. Most school staff working directly with children undertake the 6-hour Basic Course in Norfolk Steps as the school is considered to be a low risk setting. The office team retains a list of all those staff trained and authorised to use Norfolk Steps Strategies this list is reviewed on an annual basis

- d. No member of staff will be expected to use Norfolk Steps techniques without appropriate training. Prior to the provision of training, guidance will be given on action to be taken. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development.
- e. Authorisation to use physical intervention is not given to volunteers, students on placement, visitors or parent's, children who may present with challenging behaviour will be supervised and supported by qualified school staff.

## **6. Definitions of Positive Handling.**

- a. Positive Handling describes a broad spectrum of risk reduction strategies. Positive handling is a holistic approach involving policy, guidance, management of the environment, and deployment of staff. It also involves personal behaviour, diversion, diffusion, and de-escalation. Positive Handling Plans, at West Earlham Infant and Nursery School referred to as Inclusion Plans, are a plan for the positive management of children's challenging behaviour, and is a proactive response to meet children's needs. They are based on a risk assessment and identify positive prevention strategies and how a child may need to be supported during and after a crisis.
- b. **Physical Contact:** These are situations in which physical contact occurs between staff and children e.g. in the care of children and in order to support their access to a broad and balanced curriculum. It would seem reasonable that young children do require opportunities for close contact such as hugs/hand holding and as long as this is sensitively carried out and age/person-appropriate. *Please refer to Positive Touch policy.*
- c. **Physical Intervention (PI):** This is considered as **passive physical contact** i.e. blocking a child's path or standing between children to defuse a situation or **active physical contact** i.e. guiding or leading a child by a supportive arm where the child is compliant. These approaches may be used to divert a child from a destructive or disruptive action. This technique cannot be emphasised enough and in the hands of a skilful practitioner many children can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to "defuse" a situation by a timely intervention.
- d. **Physical Control/Restraint/Restrictive Physical Intervention (RPI):** Restraint is defined by Norfolk Steps as the positive application of force by staff, in order to overcome rigorous resistance, completely directing, deciding and controlling a person's free movement. When members of staff use 'restraint' they physically prevent a child from continuing what they were doing after they have been told to stop and it is only applied in exceptional circumstances where physical intervention reduces the risk of immediate harm to the child, to others (including adults) or the property. **All such incidents must be recorded** on an Incident Report form. If anyone is injured an Incident report online form must also be completed. (Online OSHENS system available through the school secretary/operational manager)
- e. Staff may need to rotate roles and have a break if the incident is prolonged (over 10 minutes) – individuals should follow the child's Inclusion Plan; at all times acting in the best interests of the child. It is acknowledged that with some disengagement techniques children may encounter some minimal discomfort when appropriate release techniques are used. However, this is very brief, transient and poses less of a risk than the behaviour they are employed in response to, e.g. biting.

**The level of compliance from the child determines whether or not the interaction is a physical intervention or a control/restraint/RPI.**

## **7. Seclusion, time out and withdrawal**

- a. **Seclusion:** where an adult or child is forced to spend time alone against their will in a room which they can not leave. The right to liberty is protected by civil and criminal law and seclusion outside the Mental Health Act should always be proportionate to the risk presented by the child. At West Earlham Infant School we will NEVER lock a child in a room; however children may be contained in a secure room with a high handle if a child is being extremely physical and too uncontrollable for one adult to

manage safely. The adult will remove themselves from the room for very short periods ie. 1 minute, observing at all times, whilst calling for assistance. If the child is putting themselves in danger the adult will re-enter to ensure the safety of the child, and leave again if necessary until assistance has arrived.

- b. **Time out:** This involves restricting the child's access to positive reinforcements as part of the behavioural programme in a room or area which they may freely leave. It is a specific behaviour management technique for low level behaviours and does not necessarily mean time spent out of the class/group, but rather refers to a withdrawal of attention and/or things they find rewarding (it could be as simple as turning away from a child who is attention seeking, or positioning a child away from the class/group). This withdrawal of attention could also be achieved by sending a child to another class/group or a quiet area. Time out should be used as part of an Inclusion Plan to defuse a situation not as a sanction or 'punishment'.
- c. **Withdrawal:** Involves removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities. This can mean removing a child from the class/group to allow them time to calm down or to prevent a situation from escalating. They may need time away from staff and children (either on their own or in another class/group) in order to break the cycle/pattern of their behaviour or to reduce their level of anxiety/distress. This "quiet time" could be time in the playground, a quiet room, lobby area or in a room supervised by the Inclusion Team. It must not be perceived as a reward.

## **8. Planned and Emergency Physical Interventions**

- a. A **planned intervention** is one that is described/outlined in the child's Inclusion Plan. This should cover most interventions, as possible scenarios will be identified and planned for when the Inclusion Plan is drawn up. These interventions may include the use of Norfolk Step techniques.
- b. An **emergency physical intervention** may be necessary if a situation arises that was not foreseen or is uncharacteristic of the child. Members of staff retain their duty of care to children and any response, even in an emergency, must be proportionate to the circumstances. Staff should use the minimum force necessary to prevent injury and maintain safety, consistent with the training that they have received. Following any such incident, it may be necessary to put into place an Inclusion Plan or update the existing plan to support effective responses to any such situations which may arise in the future.

## **9. Prevention**

- a. **Primary Prevention** This is achieved by:-
  - The deployment of appropriate staffing ratios;
  - The deployment of appropriately trained and competent staff;
  - Avoiding situations and triggers known to provoke challenging behaviour;
  - Creating opportunities for controlled choice and achievement;
  - Developing staff expertise through a programme of Continuous Professional Development;
  - Exploring children's preferences relating to the way/s in which they are managed.
- b. **Secondary Prevention:** This involves the recognition of the early stages of a behavioural sequence that is likely to develop into violence or aggression and employing 'diffusion' techniques to avert any further escalation. Where there is clear documented evidence that particular sequences of behaviour escalate rapidly into violence, the use of a restrictive physical intervention (RPI) at an early stage in the sequence may, potentially, be justified if it is clear that:
  - Primary prevention has not been effective, and
  - The risks associated with **NOT** using a RPI are greater than the risks of using a RPI, and
  - Other appropriate methods, which do not involve RPI, have been tried without success.

## **10. Deciding whether to use Restrictive Physical Interventions and Risk Assessment**

- a. Both challenging behaviour and restrictive physical interventions will involve a risk – to both staff and children. The aim of the individual child’s Inclusion Plan and of this policy is to reduce the risks associated with children’s challenging behaviour as far as is reasonably practicable – the risks that are associated with the behaviour itself and the risk of managing that behaviour. The risks of employing an intervention should be lower than the risks of not doing so.
- b. Children whose challenging behaviour may pose a risk to staff or other children will be the subject of a Risk Assessment and will have a school inclusion Plan drawn up as a result of this. These will be shared with all staff and stored in each classroom.
- c. All staff authorised to use physical intervention with children receive training in Norfolk Steps techniques and receive information about the risk to children of positional asphyxia. There are very clear protocols delivered during training to minimise the possibility of this and to ensure that appropriate safeguards are implemented.
- d. If in the unlikely event of experiencing extremely challenging behaviour it may be necessary to use advanced techniques but these should only be used by an adult after specific training from a Norfolk Steps trainer as they carry elevated levels of risk. As these are advanced techniques, these are only considered as a possibility if a comprehensive risk assessment indicates that there is a foreseeable risk of serious injury due to a child’s behaviour and if their behaviour cannot be controlled in any other way. These techniques would not be part of a planned response without consultation with parents/carers. Without parental support for the planned intervention, an alternative provision may need to be found.

*All members of staff are reminded that all children who have challenging behaviour will have an Inclusion Plan, which should be strictly adhered to. These plans are reviewed regularly and relevant staff are encouraged to make a contribution to the plans. A child’s Inclusion Plan constitutes a Safe System of Work under Health and Safety Regulations. If any member of staff believes that a Inclusion Plan is no longer effective/suitable for any reason they MUST discuss this with the Inclusion Leader BEFORE making any adjustments to it.*

## **11. Recording, Reporting and Monitoring incidents**

- a. Where physical control or restraint has been used it must be recorded on the Incident Report form, Incidents will be reported to parents and this may be by telephone or face to face depending on the nature of the incident. Where there is any concern over the appropriateness of a response the LA Norfolk Steps Adviser may refer the incident to the Norfolk’s Children’s Safeguarding Board for clarification and/or investigation.
- b. Incident report forms are reviewed by both the Inclusion Team Leader, Deputy Head Teacher and the Head Teacher on a regular basis. This is to ensure that staff are following the correct procedures and this will alert the Head Teacher to the needs of any child whose behaviour may require the use of reasonable force. Furthermore they are used to inform planning to meet individual child’s and school needs.

- c. After the review of the incident, a copy of the details will be placed on the child's file as part of their educational record. A Health and Safety Incident Form will be completed online and returned to the Authority in situations where injury has occurred to either members of staff or children. This form may also be completed after a violent incident even if no-one is injured

## **12. Action/Support Following Incidents**

- a. Physical techniques are not used in isolation and the school is committed to ensuring that as a result of incidents learning opportunities are created for children that allow them to 'own' and take responsibility for their behaviour at a level appropriate to their stage of development.
- b. Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. Norfolk Steps techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe. Any injuries to child as a result of incidents involving restraint will be reported in line with locally agreed LADO procedures.
- c. At West Earlham Infant and Nursery School we have a debrief procedure which should be utilised if staff need to debrief after an incident. Staff should ensure that they are fully recovered from an incident before resuming their duties and colleagues are encouraged to seek and offer support where it is deemed necessary. Where staff have been involved in an incident involving reasonable force they should have access to counselling and support. Within the school, this will be made available/supported through the Head Teacher or Deputy Head Teacher. Staff may also contact the LA's Counselling Line (0800 169 7676).
- d. The Head Teacher will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a child, this will be pursued through the appropriate procedure:
- Review of Inclusion Plan
  - Child Protection Procedure (this may involve investigations by Police and/or Social Services)
  - Staff or Child Disciplinary Procedure
  - School Behaviour Policy
  - Exclusions Procedure; in the case of violence or assault against a member of staff this may be considered
  - The member of staff will be kept informed of any action taken.
- e. In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.
- f. In some circumstances it may be appropriate to provide additional training or professional support for particular staff in relation to the management of incidents where although the criteria for the application of the above procedures were not met, it is decided that the incident could have been managed more effectively.

## **13. Weapons**

- a. The Violent Crime Reduction Act 2006 effective from September 2007, gives schools powers to screen or search children for weapons. At West Earlham Infant and Nursery School it is extremely unlikely that children would conceal weapons and therefore staff have not received training in weapons disarmament. Staff will not be requested to undertake searches. As the power to search should only be used where it is judged to be safe, if the School decides that a search may be necessary then the police would be called. This does not remove the power of staff to search for stolen property.

#### **14. Health and Safety of Staff**

- a. Under the Health and Safety at Work Act, employees have a responsibility to report any circumstances which give rise to an increased risk to their health and safety or that of their colleague. Staff who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out children's Inclusion Plans have a duty to report these to the Head teacher immediately as there may be an impact on their own safety and that of colleagues and/or children.

#### **15. Staff from the LA/Children's Services working within the school**

- a. Support Services may have their own policies for care and control of children. When working within West Earlham Infant and Nursery School it is the Head Teachers' responsibility to ensure that colleagues from Support Services are aware of school policy and practice, and comply with these.

#### **16. Visits out of school**

- a. West Earlham Infant and Nursery School is committed to enabling all children to be included in all curriculum activities, both onsite and offsite. However, health and safety remains a priority and staff will carry out Individual risk assessments for any child who has an Inclusion Plan. Due consideration should be given to the following:
- How great is any risk to the child and others?
  - How will the child be prepared and supported to cope with the demands of the proposed visit?
  - Are there sufficient, suitably trained staff - particularly if there is an incident?
  - What is the procedure to contact school to get extra help if necessary?

#### **17. Complaints**

- a. The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Where the nature of any complaint made by a child, parent or other person in relation to the use of RPI within the school indicates that an allegation of mishandling by a member of staff is being made which complies with the criteria contained in LA guidance, the matter will be reported to the Local Authority Designated Officer (LADO) in accordance with LA procedures. In such circumstances the investigation of the complaint/allegation and any resulting action in respect of child protection, disciplinary or other procedures will be carried out in accordance with the guidance received from the LA.

#### **18. Whistle Blowing**

- a. Whilst the training in Norfolk Steps, encourages the use of help protocols and reflective practice, it is acknowledged that under some circumstances, physical intervention can be misapplied. Staff are reminded that part of their duty of care to children includes the requirement to report any such matters which cause them concern in relation to child management and welfare. Any such concerns, (short of immediate Child Protection concerns which should be passed to the Designated Safeguarding Officer) should be raised with the Head Teacher or with the Chair of Governors if the concern is about the Head Teacher in order to allow concerns to be addressed and practice improved. *Please Refer to Whistle blowing Policy*

#### **Related policies;**

- Behaviour for Living Well and Learning Well Policy
- Health and Safety Policy
- Positive Touch Policy
- Safeguarding Incorporating Child Protection

- Whistle Blowing Policy

### **Approval**

This policy has been reviewed in line with the 2010 Equality Act and Public Sector Equality Act. Due regard has been given to Equality.

This policy will be adopted in **June 2018**. The date of the next formal review will be **June 2019** and every year thereafter, unless statutory legislation changes.

Policy approved by the Head Teacher of West Earlham Infant and Nursery School.